

FEC PUBLIC RECORDS  
OCT 31 2022 PM 12:49

# FEC FORM 2

## STATEMENT OF CANDIDACY

HAND DELIVERED

1. (a) Name of Candidate (in full) <b>SHERRI LYNN TAYLOR</b>			2. FEC Candidate Identification Number		
(b) Address (number and street) <input type="checkbox"/> Check if address changed <b>P.O. BOX 12108 MC068</b>					
(c) City, State, and ZIP Code <b>AUSTIN TEXAS 78711-2108</b>			3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation <b>DEMOCRAT</b>		5. Office Sought <b>US HOUSE</b>		6. State & District of Candidate <b>TEXAS 37<sup>th</sup> DISTRICT "WRITE IN"</b>	

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <b>SHERRI LYNN TAYLOR FOR CONGRESS 37<sup>th</sup> DISTRICT TEXAS</b>	
(b) Address (number and street) <b>P.O. BOX 12108 MC068</b>	
(c) City, State, and ZIP Code <b>AUSTIN TEXAS 78711-2108</b>	

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  
**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate <b>Sherrie Lynn Taylor</b>	Date <b>10-31-2022</b>
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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CONFIDENTIAL

Optional Supplemental Page for Designation  
of Additional Authorized Committees

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**  
(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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(b) Address (number and street)

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(b) Address (number and street)

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8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

NONDISCRIMINATION STATEMENT

# Hand Delivered

INDIANAPOLIS AND PHOENIX

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <b>Public Records</b>	Date of Receipt or Postmarked <b>10/31/22</b>

PREPARER *SPM* 10/31/22  
 DATE PREPARED

NONREC'D INFORMATION